## Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  (X3) DATE SURVEY COMPLETED					
	NVS7197AGZ			B. WING		02/22	/2013
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE	, VEILE	72010
AMEERY (			271 EAST	DESERT ROSI DN, NV 89015	E DRIVE		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 000	Initial Comments			Y 000			
	by the Health Division prohibiting any crimin actions or other claim available to any party state, or local laws.  This Statement of Dec.	clusions of any investign shall not be construed all or civil investigations is for relief that may be under applicable feder ficiencies was generated State Licensure survey	as , al, ed as				
	conducted in your fact Licensure survey was	ility on 2/22/13. This S conducted by the auth ers of the Health Divisi	tate ority				
	for Group beds which with Alzheimer's disea		is its.				
	The facility received a	grade of D.					
	The following deficien						
Y 026 SS=D	449.190(3) Contents	of License-Multiple Typ	es	Y 026			
	NAC 449.190 License transferability; issuan	e: Contents; validity; ce of more than one typ	De.				
	than one type of residence satit complies with the refacility and can demonstrate that the refacility and can demonstrate the refacility and can demonstrate the residual transfer of the residual t	y may be licensed as magnetial facility if the facilities the facilities action to the bureau equirements for each type the facility instrate that the residenties are another the facility in	ity that pe of ts will				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

## Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  A. BUILDING: COMPLETED				
				B. WING			
	NVS7197AGZ				<del></del> -	02/2	22/2013
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMEEDV CARE II				DESERT ROSI ON, NV 89015			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
Y 026	Continued From page 1			Y 026			
	services.						
	Based on record reviet 1 of 9 persons the fact history of mental illner to care for such a per	of met as evidenced by: ew and interview on 2/2 cility was caring for had ss without an endorsen son (Resident #2-had a not indicating a diagno	22/13, a nent a				
	Severity: 2 Scope						
Y 088 SS=C	4493199(4) Staffing S	Schedule		Y 088			
	_	g requirements; limitation ts; written schedule rec					
	maintain monthly a w the number and type the facility assigned for must be amended if a	of a residential facility so ritten schedule that included of members of the staffor each shift. The schedule changes are made ule must be retained for the schedule expires.	udes f of edule to the				
	Based on record review	ot met as evidenced by: ew and interview on 2/2 ed to maintain a monthly was posted.	22/13,				
	Severity: 1 Scope	: 3					

## Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE SURVEY COMPLETED			
	NVS7197AGZ			B. WING		02/22/2013
NAME OF PR	OVIDER OR SUPPLIER	111071077102	STREET ADD	L RESS, CITY, STA	TE. ZIP CODE	1 OZ/ZZ/ZOTO
	AMEEDV CADE II			DESERT ROSI DN, NV 89015	E DRIVE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
Y 103 SS=E	3 449.200(1)(d) Personnel File - NAC 441A / Tuberculosis			Y 103		
		g requirements; limitation ts; written schedule rec				
	a separate personnel member of the staff of	e provided in subsection file must be kept for earer a facility and must incomment ates required pursuant for the employee.	ach lude:			
	Based on record reviet the facility failed to en complied with NAC 44 pre-employment phys	ot met as evidenced by: ew and interview on 2/2 isure 2 of 4 employees 41A.375 regarding sical examinations(Emp older than 6 months at t	22/13, bloyee			
Y 105	Severity: 2 Scope 449.200(1)(f) Personr	: 2 nel File - Background C	Check	Y 105		
SS=C	_	g requirements; limitation ts; written schedule rec				
	a separate personnel	e provided in subsection file must be kept for eare far facility and must inc	ach			

# Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  A. BUILDING:				
				D WING		
NVS7197AGZ				B. WING		02/22/2013
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
AMEERY (	CARE II			DESERT ROSI DN, NV 89015		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
Y 105	Continued From page	: 3		Y 105		
	(f) Evidence of complete 449.185, inclusive.	iance with NRS 449.17	6 to			
	Based on record reviet the facility failed to en background check red	at met as evidenced by: ew and interview on 2/2 sure 4 of 4 employees quirements of NRS 449 and #4-not fingerprinte account).	22/13, met ).			
Y 106 SS=E	Severity: 1 Scope 449.200(2)(a) Person	: 3 nel File - 1st aid & CPF	₹	Y 106		
	NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.					
		st include, in addition to oursuant to subsection g that the caregiver is erform first aid and				
	Based on record reviet the facility failed to en were trained in first ai	ot met as evidenced by: ew and interview on 2/2 sure that 1 of 4 careging d and cardiopulmonary see #2-expired certificat	22/13, vers			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: COMPLETED					
				D. MANAGO			
		NVS7197AGZ		B. WING		02/22/2013	<u>;                                    </u>
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AMEERY (	CARE II		_	DESERT ROSI ON, NV 89015			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMP	PLETE
Y 106	Continued From page 4			Y 106			
	April 2012. Non-approtaken).	oved Online CPR/FA co	ourse				
	Severity: 2 Scope	: 2					
Y 250 SS=F	Y 250 449.217(1) Kitchens-Equipment works; Clean and Sanitary			Y 250			
	NAC 449.217 Kitchen adequate supplies of	ns; storage of food; food; permits; inspection	ons.				
	facility and the size of adequate for the num facility. The kitchen a clean and must allow	a kitchen of a residential the kitchen must be ber of residents in the and the equipment must for the sanitary preparent must be in good wo	t be ration				
	Based on observation the facility did not ens	working condition and	/13,				
	Severity: 2 Scope	: 3					
Y 272 SS=C	449.2175(3) Service (	of Food - Menus		Y 272			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
		NVS7197AGZ		B. WING		02/;	22/2013	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
AMEERY				DESERT ROSI ON, NV 89015				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
Y 272	Continued From page	e 5		Y 272				
	special diets; nutrition consultants.  3. Menus must be in v	ce of food; seating; mer nal requirements; dietar writing, planned a week ed and kept on file for S	y c in					
	days.	ot met as evidenced by:						
	current planned and o	n, record review and the facility failed to ens dated menu was posted be: 3						
Y 356 SS=F				Y 356				
	NAC 449.222 Bathroo articles.	oms and toilet facilities;	toilet					
	must open with a sing without the use of a k	at are equipped with loogle motion from the insi- ey. If a key is required ide the bathroom, the lable at all times.	de to					
	Based on observation not ensure the locks of doors and a door lead	ot met as evidenced by: n on 2/22/13, the facility on 2 resident bathroom ding from the kitchen to ould be opened with a s	did					
	Severity: 2 Scope:	3						

## Nevada State Health Division

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
	NVS7197AGZ			B. WING		02/22/2013
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•
AMEERY	CARE II		_	DESERT ROSI ON, NV 89015		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FU			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
Y 431	Continued From page	e 6		Y 431		
Y 431	449.229(2) State Fire	Marshall referral		Y 431		
	NAC 449.229 Require regarding safety from	ements and precautions fire.	5			
	or the appropriate loc applicable, if, during a facility, the Bureau kn presence of a violatio	notify the State Fire Mar cal government, as an inspection of a resid- nows of or suspects the on of a regulation of the al ordinance relating to	ential			
Y 529 SS=C	Based on observation the facility failed to er lights were working p illuminate when teste referral.	ot met as evidenced by: n and interview on 2/22 nsure 2 of 3 emergency roperly (lights would no d). State Fire Marshall es for Residents	/13,	Y 529		
	facility shall:	es for residents. ployed by a residential dent with a written prog	ram			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: COMPLETED				
		NVS7197AGZ		B. WING		02/23	2/2013
NAME OF DE	AOVIDED OD CUIDDUED	NVS/19/AGZ	STREET ADDI	RESS, CITY, STA	TE ZIR CODE	02/22	2/2013
NAME OF PR	OVIDER OR SUPPLIER						
AMEERY	CARE II			DESERT ROSI DN, NV 89015			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Y 529	Continued From page	e 7		Y 529			
Y 876	Based on record reviet the facility failed to encalendar was posted.  Severity: 1 Scope:	ot met as evidenced by: ew and interview on 2/2 sure a current activity  3 on Administration NRS	22/13,	Y 876			
	449.037			. 6. 6			
		nistration of medication: ministrator, caregivers					
	resident needs the ca caregiver may assist controlled substances	er shall assist in the lication to a resident if t regiver's assistance. A	A nly if				
	Based on record revie the facility failed to en	ned for 2 of 9 residents	22/13,				
	Severity: 1 Scope: 2						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7197AGZ		B. WING		02/22/2013	
NAME OF PR	OVIDER OR SUPPLIER	1 11011011102	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 02/2	2/2010
AMEERY (				DESERT ROSI DN, NV 89015			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 936	Continued From page	e 8		Y 936			
Y 936 SS=D	449.2749(1)(e) Resid Tuberculosis	ent file-NRS 441A		Y 936			
	NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.						
	resident of a residenti least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, assess information and any of the resident, including (e) Evidence of comp	other information related	for at ece st d to				
	Based on record reviet failed to ensure 2 of 9 NAC 441A.380 regard (Resident #8- missing	ot met as evidenced by: ew on 2/22/13, the facili presidents complied with ding tuberculosis testing g two step TB skin test a proof of positive TB ski	ity th g and				
	Severity: 2 Scope: 1						
Y 991 SS=F	449.2756(1)(b) Alzhe	imer's Fac door alarm		Y 991			
	NAC 449.2756						

## Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	NVS7197AGZ		B. WING		0	02/22/2013	
POVIDER OR SLIPPLIER		STREET ADD	RESS. CITY. STA	TE. ZIP CODE			
		271 EAST	DESERT ROS	E DRIVE			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
Continued From page 9			Y 991				
provides care to pers	ons with Alzheimer's	hich					
audible devices which is opened are installe	n are activated when a d on all doors that may	door					
Based on observation the facility failed to en alarmed when the do	n and interview on 2/22 nsure the back exit door or was opened (alarm h	/13, r					
, .							
449.2756(1)(e) Alzhe items	imer's facility - Dangero	ous	Y 994				
provides care to pers disease shall ensure (e) Knives, matches, items that could cons	ons with Alzheimer's that: firearms, tools and othe titute a danger to the	er					
	SUMMARY ST.  (EACH DEFICIENC REGULATORY OR I  Continued From page 1. The administrator of provides care to persidisease shall ensure  (b) Operational alarm audible devices which is opened are installe used to exit the facility.  This Regulation is not Based on observation the facility failed to enalarmed when the dobeen turned off by case shall ensure.  Severity: 2 Scope: 3  449.2756(1)(e) Alzhe items  NAC 449.2756  1. The administrator of provides care to perside shall ensure.  (e) Knives, matches, items that could cons residents of the facility.	NVS7197AGZ  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATI  Continued From page 9  1. The administrator of a residential facility was provides care to persons with Alzheimer's disease shall ensure that:  (b) Operational alarms, buzzers, horns or othe audible devices which are activated when a is opened are installed on all doors that may used to exit the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22, the facility failed to ensure the back exit door alarmed when the door was opened (alarm hear) been turned off by caregiver).  Severity: 2 Scope: 3  449.2756(1)(e) Alzheimer's facility - Dangero items  NAC 449.2756  1. The administrator of a residential facility was provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and othe items that could constitute a danger to the residents of the facility are inaccessible to the	NVS7197AGZ  ROVIDER OR SUPPLIER  CARE II  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility failed to ensure the back exit door alarmed when the door was opened (alarm had been turned off by caregiver).  Severity: 2 Scope: 3  449.2756(1)(e) Alzheimer's facility - Dangerous items  NAC 449.2756  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the	NVS7197AGZ  STREET ADDRESS, CITY, STA 271 EAST DESERT ROS HENDERSON, NV 89015  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility failed to ensure the back exit door alarmed when the door was opened (alarm had been turned off by caregiver).  Severity: 2 Scope: 3  449.2756(1)(e) Alzheimer's facility - Dangerous items  NAC 449.2756  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the	NVS7197AGZ  NVS7197AGZ  STREET ADDRESS, CITY, STATE, ZIP CODE 271 EAST DESERT ROSE DRIVE HENDERSON, NV 89015  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 2/22/13, the facility failed to ensure the back exit door alarmed when the door was opened (alarm had been turned off by caregiver).  Severity: 2 Scope: 3  449.2756(1)(e) Alzheimer's facility - Dangerous items  NAC 449.2756  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:  (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the	DENDIFICATION NUMBER:   A BUILDING:   COM-   NVS7197AGZ	

## Nevada State Health Division

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			· ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NIV.07407 A C 7		B. WING		00/00/0040
	NV5/19/AGZ				02/22/2013
ROVIDER OR SUPPLIER					
CARE II					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FU		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
Continued From page	e 10		Y 994		
Based on observation failed to ensure dange accessible to 9 of 9 re	n on 2/22/13, the facility erous items were not esidents (kitchen knife	1			
Severity: 2 Scope: 3	3				
Final Observations			Y9999		
the facility failed to en received training to re abuse of older person	sure 1 of 4 employees ecognize and prevent the ns before working in the	ne			
	CARE II  SUMMARY STA (EACH DEFICIENCY REGULATORY OR I  Continued From page This Regulation is no Based on observation failed to ensure dang accessible to 9 of 9 re drawer was unlocked  Severity: 2 Scope: 3 Final Observations  Based on interview at the facility failed to en received training to re abuse of older person	NVS7197AGZ  ROVIDER OR SUPPLIER  CARE II  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION Continued From page 10  This Regulation is not met as evidenced by Based on observation on 2/22/13, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (kitchen knife drawer was unlocked with the key in the lock Severity: 2 Scope: 3  Final Observations  Based on interview and record review on 2/2 the facility failed to ensure 1 of 4 employees received training to recognize and prevent the second content of the second cont	NVS7197AGZ  ROVIDER OR SUPPLIER  CARE II  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  This Regulation is not met as evidenced by: Based on observation on 2/22/13, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (kitchen knife drawer was unlocked with the key in the lock).  Severity: 2 Scope: 3  Final Observations  Based on interview and record review on 2/22/13, the facility failed to ensure 1 of 4 employees received training to recognize and prevent the abuse of older persons before working in the	NVS7197AGZ  ROVIDER OR SUPPLIER  CARE II  STREET ADDRESS, CITY, STA 271 EAST DESERT ROS HENDERSON, NV 89015  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  This Regulation is not met as evidenced by: Based on observation on 2/22/13, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (kitchen knife drawer was unlocked with the key in the lock).  Severity: 2 Scope: 3  Final Observations  Page 10  Y 994  Final Observations  Page 10  Y 994  Y 994	NVS7197AGZ  ROVIDER OR SUPPLIER  CARE II  STREET ADDRESS, CITY, STATE, ZIP CODE 271 EAST DESERT ROSE DRIVE HENDERSON, NV 89015  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 10  This Regulation is not met as evidenced by: Based on observation on 2/22/13, the facility failed to ensure dangerous items were not accessible to 9 of 9 residents (kitchen knife drawer was unlocked with the key in the lock).  Based on interview and record review on 2/22/13, the facility failed to ensure 1 of 4 employees received training to recognize and prevent the abuse of older persons before working in the